MAXIMUS Federal Services

Case Number:	CM14-0197883		
Date Assigned:	12/08/2014	Date of Injury:	12/30/2009
Decision Date:	01/23/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	11/25/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine Rehab and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 47-year-old male who reported an injury on 12/30/2009. The mechanism of injury was not provided. His diagnoses were noted to include displacement of cervical and lumbar intervertebral disc without myelopathy, cervical and lumbar radiculitis, left shoulder internal derangement, and carpal tunnel syndrome bilaterally. Past treatments included medications. His surgical history included an appendectomy and a left carpal tunnel release on 05/13/2014. On 09/09/2014, the injured worker was seen for orthopedic re-evaluation. The injured worker reported frequent pain in the lumbar spine, cervical spine, left shoulder, and bilateral wrists, rated at an 8/10. Physical examination of the shoulders revealed tenderness to the acromion, coracoid process, and biceps on the left with reduced range of motion on the left and positive impingement test on the left. Physical examination of the bilateral wrists revealed tenderness to the dorsal wrists bilaterally, normal range of motion, with positive Tinel's test bilaterally. Physical examination of the lumbar spine revealed tenderness to the lumbar paraspinal and sacroiliac joint bilaterally at L3-5 with decreased range of motion and positive straight leg raise and Kemp's test bilaterally. His current medications were noted to include Neurontin. The treatment plan included an EMG of the upper extremities, medications, an MRI of the left shoulder, physical therapy for the wrists, cervical spine, left shoulder, and lumbar spine. A request was received for fluri/cyc/Lido 20%/4%/5% 60 gm, and physical therapy of the bilateral wrists, cervical spine, left shoulder, and lumbar spine twice a week for 4 weeks. The rationale for the request was not provided. The Request for Authorization form was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Fluri/Cyc/Lido 20%/4%/5% 60gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The California MTUS Guidelines recommend topical analgesics for neuropathic pain. However, the guidelines also state that any compounded product that contains at least one drug that is not recommended is not recommended. Clinical notes indicate the injured worker complained of frequent pain to the bilateral wrists, cervical spine, left shoulder, and lumbar spine. However, guidelines state that there is little evidence to utilize topical NSAIDs for treatment of the spine, hip, or shoulder, disqualify any use of Flurbiprofen. In addition, guidelines also state that lidocaine is not recommended in any formulation other than the dermal patch. Guidelines also state that there is no evidence for use of any other muscle relaxant as a topical product, disqualify the use of cyclobenzaprine. As the compounded medication contains drugs that are not recommended by the guidelines, the request is not supported. In addition, the request does not specify the area of the body the compound would be used, or frequency of use. The request for fluri/cyc/Lido 20%/4%/5% 60gm is not medically necessary.

Physical therapy of the bilateral wrists, cervical spine, left shoulder, and lumbar spine twice a week for four weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines - TWC, Neck & Upper Back Procedure Summary (updated 8/4/14), Carpal Tunnel Syndrome Procedure Summary (updated 2/20/14), Low Back Procedure Summary (updated 8/22/14), Shoulder Procedure Summary (updated 8/27/14)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The request for physical therapy of the bilateral wrists, cervical spine, left shoulder, and lumbar spine twice a week for four weeks is not medically necessary. California MTUS Guidelines recommend up to 10 physical therapy visits for radiculitis. The clinical note dated 07/29/2014 indicates that the injured worker completed 8 sessions of physical therapy with temporary relief. While clinical notes from the most recent examination indicate a slight improvement in range of motion with previous physical therapy, there is no documentation of an examination completed after 09/09/2014, with evidence of functional deficits to indicate the need for additional physical therapy. In addition, as the injured worker has already completed 8 sessions, an additional 8 sessions would exceed the maximum recommended by the guidelines. As such, the request is not supported. Therefore, the request is non-certified.